



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

05/08/00

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	→	NYR000072769
INSTALLATION NAME	→	METALADE NY INC
INSTALLATION ADDRESS	→	5560 E AVON RD AVON, NY 14414-1410
MAILING ADDRESS	→	PO BOX 92861 ROCHESTER, NY 14692-8961

EPA Form 8700-12AB (4-80)

USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

ATTN: JACK HOYT
Tel : (212) 637-4106
Fax: (212) 637-4949

TO: METALADE NY INC or Current Occupant
ATTN: GALIOTTI, DOMINICK - COMPLIANCE MGR
PO BOX 92861
ROCHESTER, NY 14692-8961

To minimize delays, please complete all items.

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form CMB No. 2050-002a GSA No. 0246-EPA-07

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

11/17/88
11:48
EPA REGION 2

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification ☒ B. Subsequent Notification (complete form C)

C. Installation's EPA ID Number

NYR000072769

II. Name of Installation (Include company and specific site name)

METALADE NY INC

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street Requires building number, or Lot and block number or the distance and direction from the nearest cross street

5560 EAST AVON PLAZA

Street (continued)

City or Town

AVON

State

ZIP Code

NY 14414-1410

County Code

County Name

051 LIVINGSTON

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

PO BOX 92861

City or Town

ROCHESTER

State

ZIP Code

NY 14692-8961

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

GALLOTTI DOMINICK

Job Title

Phone Number (area code and number)

COMPLIANCE MGR 716-424-3260

VI. Installation Contact Address (See instructions)

Location

Mailing

☒ SUBST. P.O. BOX

City or Town

State

ZIP Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner (LANDLORD)

ECO ROCHESTER REALTY INC

Street, P.O. Box, or Route Number

PO BOX 92861

City or Town

ROCHESTER

State

ZIP Code

NY 14692-8961

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Month Day Year

716-424-3260 P P Yes No

Please reply to: Jack Hoyt, DEPP, US EPA 290 Broadway, 22FL NYC, NY 10007-1866. Tele: (212) 637-4106.

Address Verified US Post Office 88

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
1. Generator (See instructions)	3. Trader, Storer, Disposer (or installer) (Note: A permit is required for this activity; see instructions.)	1. Off-Specification Used Oil Fuel	
<input type="checkbox"/> a. Greater than 1000 kg/mo (2,200 lbs.)	<input type="checkbox"/> 4. Hazardous Waste Fuel	<input type="checkbox"/> a. Generator Marketing to Burner	
<input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)	<input type="checkbox"/> a. Generator Marketing to Burner	<input type="checkbox"/> b. Other Marketer	
<input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> b. Other Marketers	<input type="checkbox"/> c. Burner - Indicate device(s) Type of Combustion Device	
2. Transporter (Indicate Mode in boxes 1-5 below)	<input type="checkbox"/> c. Boiler and/or Industrial Furnace	<input type="checkbox"/> 1. Utility Boiler	
<input type="checkbox"/> a. For own waste only	<input type="checkbox"/> 1. Smelter Refractory	<input type="checkbox"/> 2. Industrial Boiler	
<input type="checkbox"/> b. For commercial purposes	<input type="checkbox"/> 2. Small Quantity Exemption	<input type="checkbox"/> 3. Industrial Furnace	
Mode of Transportation	Indicate Type of Combustion Device(s)	<input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification	
<input type="checkbox"/> 1. Air	<input type="checkbox"/> 1. Utility Boiler		
<input type="checkbox"/> 2. Rail	<input type="checkbox"/> 2. Industrial Boiler		
<input type="checkbox"/> 3. Highway	<input type="checkbox"/> 3. Industrial Furnace		
<input type="checkbox"/> 4. Water			
<input type="checkbox"/> 5. Other - specify	<input type="checkbox"/> d. Underground Injection Control		

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D001			

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature Richard C. McKay Name and Official Title (type or print) Richard C. McKay Exec. V.P. Date Signed 04/27/2000

Signature must be an original signature by an employee of the Generator

XI. Comments

Change of name + Avon changed Building Address no.

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

Please sign

U.S. EPA
AGENCY FOR THE PROTECTION OF THE ENVIRONMENT



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EPA I.D. NUMBER	→	NYR000072769
INSTALLATION NAME	→	METALADE INC
INSTALLATION ADDRESS	→	5556 E AVON RD AVON, NY 14414
MAILING ADDRESS	→	PO BOX 20561 ROCHESTER, NY 14602-0561

EPA Form 8700-12AB (4-80)

**UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION 2
290 BROADWAY, 22nd Floor
NEW YORK, NEW YORK 10007-1866**

**ATTN: DIV OF ENVIRON PLANNING & PROTECTION
RCRA PROGRAMS BRANCH**

**TO: GALIOTTI, DOMINICK
PRESIDENT
5556 E AVON RD
AVON, NY 14414**



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REGION 2
290 BROADWAY, 22nd Floor
NEW YORK, NEW YORK 10007-1866**

**ATTN: DIV OF ENVIRON PLANNING & PROTECTION
RCRA PROGRAMS BRANCH**

**TO: GALIOTTI, DOMINICK
PRESIDENT
5556 E AVON RD
AVON, NY 14414**

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

USE PREVIOUS EDITIONS OF THIS FORM
GSA No. 0746-EPAC-07

<p>Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).</p>		<p>EPA Notification of Regulated Waste Activity</p> <p>United States Environmental Protection Agency</p>		<p>Date Received (For Official Use Only)</p>	
<p>I. Installation's EPA ID Number (Mark 'X' in the appropriate box)</p>					
<p><input checked="" type="checkbox"/> A. First Notification</p>		<p><input type="checkbox"/> B. Subsequent Notification (Complete Item C)</p>		<p>C. Installation's EPA ID Number</p>	
				<p>NYR000072769</p>	
<p>II. Name of Installation (Include company and specific site name)</p>					
<p>METALADE INC</p>					
<p>III. Location of Installation (Physical address not P.O. Box or Route Number)</p>					
<p>Street</p>					
<p>5556 EAST AVON RD.</p>					
<p>Street (Continued)</p>					
<p>City or Town</p>				<p>State</p>	<p>Zip Code</p>
<p>AVON</p>				<p>NY</p>	<p>14414-</p>
<p>County Code</p>		<p>County Name</p>			
<p>051</p>		<p>LIVINGSTON</p>			
<p>IV. Installation Mailing Address (See Instructions)</p>					
<p>Street or P.O. Box</p>					
<p>PO BOX 20561</p>					
<p>City or Town</p>				<p>State</p>	<p>Zip Code</p>
<p>ROCHESTER</p>				<p>NY</p>	<p>14602-0561</p>
<p>V. Installation Contact (Person to be contacted regarding waste activities at site)</p>					
<p>Name (Last)</p>			<p>(First)</p>		
<p>GALLOTTI</p>			<p>DOMINICK</p>		
<p>Job Title</p>			<p>Phone Number (Area Code and Number)</p>		
<p>PRESIDENT</p>			<p>716-334-0855</p>		
<p>VI. Installation Contact Address (See Instructions)</p>					
<p>A. Contact Address Location: Mailing Only</p>		<p>B. Street or P.O. Box</p>			
<p><input checked="" type="checkbox"/></p>					
<p>City or Town</p>				<p>State</p>	<p>Zip Code</p>
<p>VII. Ownership (See Instructions)</p>					
<p>A. Name of Installation's Legal Owner (PROPERTY)</p>					
<p>ECO ROCHESTER REALTY LLC</p>					
<p>Street, P.O. Box, or Route Number</p>					
<p>2025 BRIGHTON-HENRIETTA TOWN LINE RD</p>					
<p>City or Town</p>				<p>State</p>	<p>Zip Code</p>
<p>ROCHESTER</p>				<p>NY</p>	<p>14623-</p>
<p>Phone Number (Area Code and Number)</p>			<p>B. Land Type</p>	<p>C. Owner Type</p>	<p>D. Change of Owner Indicator (Date Changed)</p>
<p>716-424-3260</p>			<p>P</p>	<p>P</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> (Date Changed) Month Day Year</p>

EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.

Continued on Reverse

FROM: JACK HOYT, EPA REGION 2, 290 BROADWAY, NEW YORK, NY 10007-1866, 22ND FLOOR

Address verified US Post office

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities
FOR TREATMENT ETC		
1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) <input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.	1. Used Oil Fuel Marketer <input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only <input type="checkbox"/> b. For commercial purposes <input type="checkbox"/>	4. Hazardous Waste Fuel a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter Deferral <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Process <input type="checkbox"/> b. Re-refine
FOR TRANSPORTER Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify		

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> D007

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title (Type or print)	Date Signed
ORIGINAL OF Generator <i>Dominick J. Galiothi</i>	Dominick J. Galiothi President	5-24-99

XI. Comments